

# U. S. S E N A T O R

# David Vitter



## Privacy Release Form

Federal Agencies are prohibited by law from releasing any information or discussing an individual without that individual's permission. As required by the Federal Freedom of Information and Privacy Act, I hereby authorize Senator Vitter to request and access information concerning me in the files of:

\_\_\_\_\_  
(Federal department or agency)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_

**List any or all identifying numbers which might apply to your situation:**

Social Security: \_\_\_\_\_ VA: \_\_\_\_\_

Immigration "A" Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Case Number: \_\_\_\_\_ Others: \_\_\_\_\_

Briefly state the nature of your problem (be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly state the outcome you are seeking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you need more space, please use another sheet of paper)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form to:

Shreveport Office: 920 Pierremont Rd, Ste 113, Shreveport, LA 71106 fax: (318) 861-0437